CLA-PD V3

Client Language Assessment for Proximal and Distal Targeted Behavior Change (TBC)

The CLA-PD is intended for assessing client change language within behavioral treatment sessions. The five language dimensions for change talk are derived from those within the Motivational Interviewing Skill Code (MISC; Miller et al., 2003; 2008; Houck et al., 2010), and adapted to code change talk pertaining to Primary/Distal and Secondary/Proximal treatment outcomes. In addition, quotation examples are designed to encompass a broad range of content that may be covered in behavioral treatments for alcohol or other substance use. For further context and explication of codes, the reader is directed to the MISC.

A brief overview of adaptations of the MISC (2003/2008/2010) coding system, differences between the CLA-PD and the MISC, and other general notes

1) The Reason – Need and Desire subcodes are now collapsed into the Reason code.

2) The Reason-Ability subcode is now the code of Ability.

3) The Other category should be considered an exploratory/developmental language code. It is intended to reflect particular types of change talk that do not fall easily into another specific category, but that the coder feels CLEARLY represents a statement toward or away from change. Examples include hypothetical predictions, general attitudes and attitudes toward others use, historical reasons/recognition of past problems, reaction to statistics, and cognitive steps. Subcode justifications of Other are provided, and this code should not be assigned unless it clearly falls under a justification. Alternatively, if coders converge on a need for new justification categories, these will be created as the project progresses.

4) The TBC has been sub-divided to Proximal (steps toward change) and Distal (drinking reduction or cessation) behavior change and codes are mutually exclusive to these two TBC categories. When it appears that a code could fall under both TBC categories, e.g., Ability not to drink and Reason to engage in proximal coping, decision rules are provided.

5) There are strength ratings in the CLA-PD.

6) V2 and 3 changes reflect clarifications and simplifications (i.e., P/D distinction in Maintain Talk code)

Adaptation By: Magill, M., & Apodaca, T.R. (2011). Please do not quote without permission of first author. Thank you to Cydney Dupree, Ayla Durst, Dick Longabaugh, Colleen Peterson and Justin Walthers for their thoughtful feedback on this manual. A special thank you to Terri Moyers whose work and feedback have been very influential to this line of research.

Table of Contents

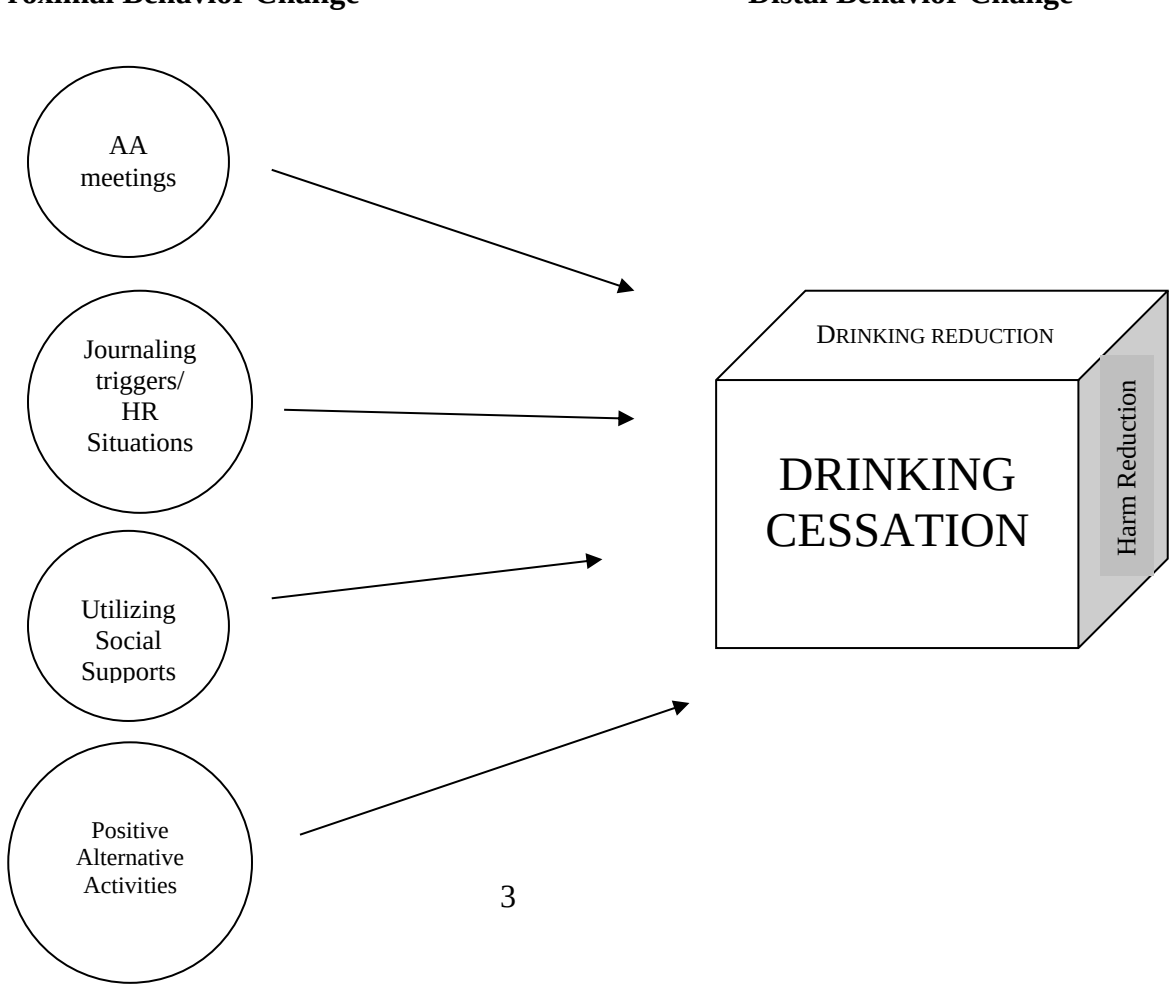
Targeted Behavior Change

Categorizing client language: Within the client language coding system, any language that moves in the direction of change is termed Change Talk and language indicating a movement away from change is termed Sustain Talk with five categories: Reasons (reasons, needs, desires), Ability, Taking Steps, Commitment, and Other. When statements do not fall into one of these categories, they are coded as Follow/Neutral [FN].

Identifying the Target Behavior Change (TBC): The project examines two pre-defined (Distal, Proximal) categories of TBC for code assignment. Before evaluation of the audiofile begins, coders should know the target behavior change that is intended and defined by the project.

Distal Behavior Change: Any language directly related to the reduction or cessation of alcohol use, or related to the reduction of harms associated with alcohol use, is the DISTAL TBC for the project.

Proximal Behavior Change: Any language directly related to personal or treatment recommended goals that will facilitate the reduction or cessation of alcohol use is the PROXIMAL TBC for the project. In other words, to become abstinent is a primary change and Proximal TBC are the steps toward that change. *Rarely will an individual stop drinking as a discrete moment; rather it is a process of incremental emotional, motivational, and behavioral changes.* This system is intended to measure decision-making related to both proximal/short-term and distal/long-term changes in behavior. **See Figure 1.**



Linking Proximal to Distal Change. The link between proximal and distal change must be explicit via client or therapist verbal link, or easily inferred from the flow of session component content (e.g., coping skills training). Therefore, engagement in a new exercise regimen is a pro-health behavior but receives a Change Talk – Proximal code only after the link between it and distal TBC has been established (i.e., exercise as a positive alternative to alcohol use).

Components and behavior change. Some treatment sessions have a specific client goal to be achieved (such as in getting a client to admit powerlessness over alcohol in Twelve Step Facilitation therapy or practicing breathing exercises in a Meditation/Relaxation Treatment). Very often, the act of the therapist transitioning into this content during the session puts that particular change 'on the table', although digressions from the topic may occur. *Coders should watch for structuring statements by the therapist that clearly guide the discussion into these components.* It is also important to be familiar with the content of the various sessions and coders are directed to refer to the treatment manuals in order to better recognize when the transition to the components of a particular session have been made.

Common Proximal TBC Examples are:
Stopping drug use, or nicotine use
Attending AA meetings
Engaging in AA prescribed behaviors (e.g., talking to AA members, speaking at AA meetings, service [e.g., greeter, making coffee, sweeping the floor], doing the 12 Steps)
Avoiding High Risk (i.e., alcohol using) individuals or environments
Dealing with high risk emotions (e.g., anger, guilt, depression, boredom)
Enlisting the support of others for reaching distal TBC goals
Journaling triggers/risks for alcohol use
Journaling AA meeting involvement
Remaining in treatment, attending treatment sessions, seeking further treatment
Engaging in positive/assertive interactions with significant others
Adhering to mental health psychotropic treatment or other community/medical resources
Completing treatment related homework assignments
Engaging in positive alternatives to alcohol use (e.g., time with family, hobbies, social activities)
Recognizing AA prescribed cognitions (e.g., accepting the disease, surrender, powerlessness)
Prayer or meditation
Having SOs join conjoint sessions

What qualifies as Proximal Change? It is important to note that coping goals are qualified as appropriate proximal changes by the treatment modality or by the client's beliefs. *It is generally not the coder's role to determine what are appropriate or inappropriate proximal treatment goals.* A key exception would be transferring addictions; each coding laboratory should be on the lookout for this type of client proximal goal and make a determination as to how it should be handled.

Time in relation to the TBC. Content that is codable in relation to the TBC must be current content; change language is language in favor of or against making an imminent change in behavior, or maintaining a very recent change. Often clients will provide historical content that is only considered change talk when connected to current behaviors or attitudes toward change. Such historical content may include past steps toward change or attitudes toward drinking, but there must be a clear link to the current treatment for such utterances to be coded as change talk. *Clients may have entered treatment after either a detoxification episode or a short-term residential program, and this is considered part of the current course of behavior change.*

Maintain Talk. Coders will often encounter positive behaviors the client is already engaging in, e.g., "I never drink and drive". Individual projects will determine how to handle such language, but most often this will be considered Follow Neutral (an alternative conceptualization may be as: general attitude, Other, or as in V2-V3 CLA-PD, a separate code of Maintain Talk).

Telling a Story. Because the majority of session content will be related to substance use, it can be helpful to think in terms of 'telling a story' when making the distinction between change talk and FN. That is, material that has a neutral or factual flavor, even if directly relating to the TBC, is not necessarily change talk and may be considered neutral set-up for codable decision-making content that follows.

Change talk is not necessarily frequent. It is not uncommon for a coder to code half or more of all client utterances as Follow/Neutral (FN). Coders should therefore not be concerned simply because there appear to be a disproportionate number of FN codes in a particular session. However, coders should also take care to assign the best code possible.

Do not worry, they will give it to you. A coder will also find themselves wondering – 'is this change talk or not? I know it is something!'. Just be patient, often the therapist or client will eventually give you the code, and there is therefore not need to code ambiguous content leading up to tangible content.

When in doubt throw it out. It is human to feel compelled to categorize information as *something.* However, when a coder feels unsure about whether an utterance rises to the level of change language, or whether an utterance rises beyond on O to an R. In other words, the coding default should always be to the lesser code, including and very often FN.

Look for the valence. When attempting to determine what code to assign a client utterance, the coder should first look for clear indications of valence (towards or away from the change on the table) on the part of the client. If the coder cannot discern any valence with regard to the TBC, the utterance should be given a code of FN.

Coding is a slow process. Coding client language, especially at the beginning can seem difficult and overwhelming. Coders are encouraged to code slowly and by continuously referring to the coding manuals and other instructional materials in order to enhance accuracy and reliability. There is generally a lot of time allocated to coding tasks so coders should not be hesitant to take the necessary time to code carefully and properly.

Change Talk and Sustain Talk Codes

Each and every parsed [i.e., *pre-coded unit of thought]* utterance will be assigned one of the following codes:

R: Reasons
A: Ability
TS: Taking Steps
C: Commitment
O: Other
FN: Follow/Neutral
MT: Maintain Talk

Each time one of these codes occur in client speech, it is recorded with a TBC division D or P, positive (+) or negative (-) valence, depending on whether it reflects inclination toward (+) or away from (-) the TBC. Client language in favor of change is generally termed "Change Talk" while language moving away from change is called "Counter Change Talk". With V3 the D/P distinction has been removed from the MT code due to low base rates.

	Proximal Positive [P+]	Proximal Negative [P-]	Distal Positive [D+]	Distal Negative [D-]
REASONS	**RP+**	**RP-**	**RD+**	**RD-**
ABILITY	**AP+**	**AP-**	**AD+**	**AD-**
TAKING STEPS	**TSP+**	**TSP-**	**TSD+**	**TSD-**
COMMITMENT	**CP+**	**CP-**	**CD+**	**CD-**
OTHER	**OP+**	**OP-**	**OD+**	**OD-**
FOLLOW/NEUTRAL	**FN**	**FN**	**FN**	**FN**

Individual projects may additionally assign Strength Ratings to each of the above codes. In these cases strength rating guidelines are provided on p. 18

Reason: Statements of Reasons usually refer to a specific rationale, basis, incentive, justification or motive for making (or not making) the TBC. When the therapist provides a reason and the client agrees with it, the client's statement of agreement may be coded as a reason (*although a coder may wish to temper these types of client responses with a lower strength rating*). There are generally the following types of Reasons:

1. **Pros and Cons of engaging or not engaging in the TBC. Client discussions of health, family problems, legal difficulties or other kinds of problems that are presented as a reason for considering change typically fall into the positive reason category. Client discussions of fears, justification of use, or positive aspects of use typically fall into the negative reason category.**

My drinking just isn't fun anymore (RD+)

AA is social for me (RP+)

Drinking is how I deal with stress (RD-)

2. **Problem recognition is a reason to change; minimization of problems is a reason not to change.**

My drinking just isn't that bad (RD-2)

I know I am an alcoholic (RD+2)

I am not being honest with myself (RP+2), *if from the flow of dialogue, dishonesty is considered a risk for relapse*

3. **Positive or negative consequences that would come to the client as a result of changing.**

It will help my health (RD+2)

I will lose my buddies (RD-2)

4. **Needs are expressions of imperative that do not include intention words (I will, I am going to, I won't), indicating commitment. These contain key words of need to, have to, should, or don't need to, don't have to, shouldn't.**

I have to have a daily AA meeting (RP+2)

I have to quit (RD+2)

5. **Wants are expressions of desire and include key words of want or don't want to engage in the TBC. Expressions of like, love, don't like or hate will also indicate a Reason.**

I just want to be sober (RD+2)

Distal Reasons
My liver's busted, so I have no choice (RD+2)

I just don't drink that much (RD-2)

I love my cocktails (RD-3)

My drinking doesn't affect my kids (RD-2)

I absolutely hate what alcohol has done to my life (RD+3)

I guess it is not really good for me (RD+1)

If I cut down, my wife will get off my back (RD+2), *statements of if/then consequences of Distal change are Reasons.*

I don't want to end up like by father (RD+2)

Statements that are 'set up' by the therapist will often qualify, unless the response from the client is clearly neutral. If the client response is lukewarm, the coder may determine that a lower strength or FN is warranted.
I: Well, by being powerless it means that once you do start drinking, you can't stop; the drinking was getting ahead of you. Do you think that applies to you?

P: Yes, very much so. (RD+3)

Proximal Reasons
I used to like AA meetings so I think it will be ok (RP+1)

I need a meeting every day (RP+2), *one can infer that the reason for daily meetings is not to drink, but this is the reason to engage in Proximal TBC rather than the 'how' of not drinking.*

I have always hated doing homework (RP-3)

I love my drinking buddies; I don't want to leave them (RP-3)

This assertiveness training has helped me the most (RP+2)

In a discussion of the client's week
P: So I wanted to get the hell out away from the temptation (RP+2). I went over and I found a VA clinic where they were holding a noon meeting. I attended that for its entirety. (TSP+2)

I: How'd it go?

P: Went very well (RP+3). I'll be back at that particular meeting tomorrow again (CP+2).

I: You like that one?

P: There's Monday, Wednesday and Friday (FN).

I: What do you like about that meeting?

P: What do I like about that meeting? Guy that chaired the meeting, he's works in the clinic, but he does this and he's also an alcoholic I guess. I don't know enough about it obviously in one hour (FN, *difficult to gauge direction*). I mean it wasn't my peer group necessarily. I am dressed

similar to you and I was the only one dressed like that (RP-2), but the group was small, I liked that (RP+2), and I went (TSP+2) and I spoke and I was spoken to (TSP+2).

Or in a discussion of cognitive restructuring (the connection to change is 'set up' by the treatment component topic)
I: So you see we can push our own buttons by engaging in negative self-talk

P: That's me; I am always hard on myself (RP+2)

The distinction of RP and Ability statements can be difficult, but RP will most often trump AD statements. The Reason to engage in the Proximal behavior is to reduce or stop drinking.
If I just stay in treatment, I think I can do it (RP+2), *if/then consequence of treatment*

If I weren't in AA right now, I'd be on a bender (RP+2), *if/ then consequence of treatment*

Coders should ask themselves –"what change is on the table?" and patiently await the code. AD statements may precede RP statements because they speak to the presence or absence of risk (i.e., something that makes changing easy or difficult). But it is the work of the client or therapist to link that risk with a Reason to engage in a protective behavior. See this example:
I: So how has it been going in the few weeks since we last met?

P: Good, I haven't been drinking (TSD+2), but I still feel like stuff is still building up all the time (AD-2), *we might see this as a reason to talk about what is building up, but that connection is yet to be made; at present it is a risk for drinking.*

I: You know this about yourself. Have you thought about what you might do?

P: Probably, the best thing is to talk to my friend about how I am feeling (RP+2)

To differentiate commitment, hypothetical 'could' in the context of brainstorming will be a reason to engage in the proximal TBC
I: What *could you do* next time you are right there at the cooler at a barbeque?

P: Get involved in an activity (RP+2) or get a soda or something (RP+2), *the therapist's words 'pull for' brainstorming options.*

vs.

I: What *will you do* next time you are right there at the cooler at a barbeque?

P: Get involved in an activity (CP+2) or get a soda or something (CP+2), *the therapists words 'pull for' future intention.*

Ability: Ability statements are those that refer to the TBC and include some form of the word "can", or "able" or a close synonym or antonym of them. Statements that indicate engaging in the TBC is doable or easy, difficult or hard. There are generally the following types of Ability statements:

1. **Statements that indicate an ability or inability to engage in the TBC**

I can't stop drinking (AD-2)

I can ask for help from my family to support my sobriety (AP+2)

Because the Proximal TBC is the HOW of the Distal TBC, Distal Ability statements will most often relate directly to alcohol use, and the ability to make changes in drinking behavior. Likewise Proximal Ability statements relate directly to the ability to engage in behaviors that will facilitate alcohol use reduction or cessation.

It is hard to stick your hand out to a stranger at AA (AP-2)

vs.

I just can't quit drinking (AD-2)

2. **Obvious colloquialisms or turns of phrase that indicate ability.**

I have licked this (AD+2)

Recovery is a piece of cake (AD+2)

3. **Statements of the presence or absence of risk or protective factors that have <u>not been linked to a Reason to engage in a proximal TBC</u> are Distal Ability statements.**

I have been having cravings (AD-2)

My wife is very supportive of my abstinence (AD+3), *this is a Reason to seek out support from the spouse (RP+), but until that connection is made via the flow of dialogue, it is a statement of protective factor.*

An example of the transition from Distal Ability to Proximal Reason
When my wife nags me, I drink (RD-2), *a reason to drink.*

vs.

My wife's nagging makes me drink (RD-2) and I'm supposed to see her next week (AD-2), *placing him at risk.*

I: What are you going to do?

It would be better if I did not go (RP+2), *a reason to avoid a high risk situation.*

Distal Ability:
I can do this (AD+2)

I have had no cravings (AD+2)

I don't think I have it in me (AD-1)

Once I make up my mind, I am positive I can do it (AD+3)

I have quit before, I know I can do it again (AD+2)

It's so hard for me to go a day without a drink (AD-3)

My family supports my sobriety (AD+2)

I went to a ballgame last week; it wasn't any great temptation (AD+2)

I walked by a bar, and it was a trigger (AD-2)

Proximal Ability:
It's hard to just reach out your hand to a stranger (AP-2)

I am afraid I won't be able to talk to my husband about my plan (AP-2)

I think I can follow the plan (AP+1)

I can't just take all the booze out of my house! (AP-3)

If I get into the habit of journaling my triggers, I can do it (AP+2), *statements of if/then routes to proximal change are Ability.*

Proximal to Distal and vice versa
I am triggered when I drive home by the liquor store (RP+2), but I have no other way home (AP-2)

My friends *pressure* me to drink (AD-2), but I can tell them where to go (AP+2). *Differentiate reason:* All my friends drink (RD-2) or I drink with my friends (RD-2)

During assertiveness training where the connection between anger and relapse has been established via the component topic structuring statement
I: How about another example?

P: My friend always asks to borrow money, but then he's never good for it (FN)

I: OK so next time he asks you say 'No'. No justification or bargaining, just no

P: but then He's like 'why? you know I'll pay you back', and so on (AP-2)

I: You do not need to get into a long debate, change the subject. 'No. Now about those sox?'

P: Yeah, but I know people, they just keep coming at you (AP-2)

I: OK, you give it to him and then what happens, how do you feel?

P: pissed off (RP+2), *anger is a risk for alcohol use. This link may be established via dialogue or when component driven during skill building.*

Taking Steps: Concrete and specific steps the client has taken toward the TBC are coded as Taking Steps. These statements describe a particular action that the person has taken as part of the current treatment episode.

Distal Taking Steps
I didn't drink at all last week (TSD+2)

I tried not to drink last week (TSD+2)

I had a drink last week (TSD-2)

I tried not to drink last week (TSD+2), but on Friday I had a slip (TSD-2)

Proximal Taking Steps
I got rid of all the alcohol from my house this week (TSP+2)

I planned to go to a meeting last week, but I went to three! (TSP+2). It's not so bad (RP+1)

I bought a six-pack of beer this week (TSP-2), but I never drank it (TSD+2)

I stopped going to AA this week (TSP-2)

I didn't do my homework (TSP-2)

I just said the serenity prayer in my head and prayed for positive reinforcement (TSP+2), and I didn't drink (TSD+2)

I know I said I would start taking my medication, but I didn't (TSP-2)

Sorry I missed session last week (TSP-2)

I didn’t drink last week (TSD+2), because I went to a meeting every day (TSP+2)

Commitment Language: Commitment Language implies an intention or obligation regarding future TBC. Commitment words include I will, I am going to I'll, I agree to and anti-commitment words include I won't, I don't think I will. Commitment can be expressed directly via a committing verb, *or indirectly when the coder feels confident in the client's intention*.

Distal Commitment
I swear I'm going to stop this. (CD+3)

Nothing is going to stop me this time! (CD+3)

I'm going to do it (CD+2), *unless "it" is proximal and in such case (CP+2)*

I'm going to do it (CD+2), for my family (RD+2)

No way I'm going to stop drinking. (CD-3)

I won't drink this week (CD+2)

A dialogue example
I: So you are going to go out to dinner with friends?

P: Probably (FN)

I: Cocktail waitress?

P: I'll just have a soda (CD+2)

Proximal Commitment
I will go to a meeting (CP+2)

I will try to do more journaling this week (CP+1), *weak commitment*

I am going to go to the movies on Fridays, my big drinking night (CP+2)

I am not going to remove all the booze from the house (CP-2)

Coders may find that therapists make a lot of suggestions, and these can often result in therapist led Proximal Commitments, Reasons, or Other. However, if the coder feels confident that a 'yeah' is nothing more than client verbal following, it should be coded as such (FN).

Other: This category is intended to allow coders to capture language that *clearly* reflects the speaker's movement toward change or away from change, but does not necessarily fit easily into other language categories. There are the following types of Other statements:

1. **Client statements of general attitude. These statements will have a de-personalized quality, using you or will have the absence I.**

I tell everyone I know: Stay away from booze (OD+3). That shit will just mess up your life (OD+2)

People who don't stay honest relapse (OP+2)

2. **Cognitive steps. These are cognitive actions in the direction toward or away from change. However, because some sessions train cognitive coping skills, client enactment or lack of these skills is TSP+/-. The Other code for cognitive steps should be for spontaneous cognitive and emotional processing; this code will have a more vague, and often, meta quality.**

I promised myself that if I do drink, I will tell you. (OP+2)

I've just had a very bad attitude toward these sessions (OP-3)

I called him (TSP+2), which meant that I was thinking meeting, you know, what I mean (OP+2)?

vs.

I said the serenity prayer when I got upset (TSP+2)

3. **Historical problem recognition. Some sessions explore what are essentially historical pros and cons of alcohol use and/or problem severity and consequences. These may be coded as other only if they are expressions of the client's *current/ongoing* attitude about past behavior and/or its consequences rather than mere factual descriptions of them and are clearly connected to the current course of behavior change.**

P: I was a bad blackout drinker (OD+2)

vs.

P: My first blackout was at 25 (FN)

vs.

P: I am still afraid of blackouts (RD+2)

P: I thought I could drink my troubles away, but I realize I was fooling myself (OD+2)

Dialogue example
I: In other words, you wouldn't drive after drinking?

P: I would, but…not too often (FN)

I: Okay. But it scared the hell out of you?

P: Right. I could have hurt someone. (OD+2) *Recognition of risk*

I: And this behavior tells you when you drink, your life is unmanageable.

P: It does (RD+2), *the therapist has connected past consequences to current reasons and the patient agrees*

4. **Hypothetical statements. Hypothetical conditions for change may also be coded as Other.**

If I were a better person, maybe I would quit (OD-1)

5. **Client reactions to personal feedback. In some therapies, certain sessions are focused on providing clients with normative feedback based on tests and screenings. Client reactions to this feedback may be coded as Other, but only when there is a clear indication of valence on the part of the client that does not qualify as Reason. Otherwise, such reactions should be coded as Follow/Neutral (FN).**

I: This test measures your peak blood alcohol level. According to your tests, on a typical day you reach a BAC of 600.

P: Mhmm (FN)

vs.

I: This test measures your peak blood alcohol level. According to your tests, on a typical day you reach a BAC of 600.

Wow. That is high. (OD+2)

vs.

I: This test measures your peak blood alcohol level. According to your tests, on a typical day you reach a BAC of 600.

P: Wow. I guess I was drinking a lot more than I realized. (RD+2)

Another example
P: these numbers do make me concerned (OD+2)

I: About

P: my health (RD+2)

Maintain Talk: The maintain talk category is intended to capture utterances which reflect a client's *current or ongoing* behaviors, the purpose of which is to reduce or ameliorate the harmful or dangerous effects of their ongoing engagement in the targeted behavior.

I: And it sounds too like your safety is very important to you. That whenever you are out drinking, you always make sure you have a safe way to get home.
P: Right (MTD+2)

I: So I hear you saying that the heroin isn't really something you've been willing to give up, but that you are concerned with your health. Are there any things you have been doing to protect yourself when you are using?
P: Well, I always make sure I have a new needle (MTD+3) and I never share needles with my friends (MTD+3).

A proximal example
P: Drinking and driving, that's just a bad idea (RD+2). So that's why whenever I'm at a party, I always make sure to give my keys to my friend XXX and tell him not to give them back to me no matter what (MTP+3).

Follow/Neutral (FN). In a follow-neutral turn, there is no indication of client inclination either toward or away from the TBC. The client may be asking a question, making non-committal statements, saying TBC-irrelevant things, or just following along with the conversation. When you are in doubt about an utterance - whether it qualifies as CT or CCT or when you are not sure if the valence is positive or negative - the default code is Follow/Neutral (FN). ***When in doubt throw it out.***

Rating the Strength of Client Language.

Every time Reason, Ability, Other, Commitment and Taking Steps are coded, a strength rating should be assigned: High (3), Medium (2) or Low (1). Because intensity is inherently a subjective judgment on the part of raters, strength judgments are to be made based on one of several criteria.

1. The presence of an adjective, adverb, or phrase which serves to attenuate or amplify the client's estimation of probability of occurrence or magnitude of effect or which modifies the client's expression of attitude/emotional state towards the targeted behavior (or about change thereto).

- Attenuating modifiers include things such as 'might', 'could be', 'kind of/sort of', 'maybe', 'I guess', 'seems like', 'a little', etc.
- Amplifying modifiers include terms such as 'definitely', 'absolutely', 'really', 'very', 'super' 'always', etc
- Note that for estimations of probability, *probably* is considered medium strength, whereas *maybe* is considered low strength and *definitely* is considered high strength.
- Similarly, when estimations of probability are made using numbers:
    - 100% = high strength
    - 50- 99.9% = medium strength
    - <50% = low strength
- When frequency of occurrence is coded as CT or ST:
    - *Never* or *always* is coded as high strength
    - *Sometimes, often, frequently, most of the time,* etc is coded as medium strength

*P: I feel **really** bad for those people that get all sick. I'm like, 'I sure don't wanna be you in the morning* (OD+3)

I: And it seems like your drinking is something you feel like you have a pretty good handle on
*P: **I guess** so, yeah* (RD-1)

I: So if you were to try and stop going to the bar, what do you think are the chances that you'd succeed?
*P: I don't know, I'd never really thought about it. I'd say like **85%*** (AP+2)

I: I've got to use a condom every single time I have sex, no question about it (RD+3)

*P: I **might** make new friends if I hung out somewhere other than the bar* (RP+1)

2. The presence of a superlative adjective or adverb which modifies the client's expression of attitude or emotional state. Superlative forms are modifiers such as 'the most', 'the greatest', etc

P: That [entering a treatment program] *sounds about the **lamest** thing I've heard all day* (RP-3)

I: So what do you think might happen if you decided to stop smoking weed?
P: That's be the ***worst!*** (RD-3)

3. For expressions of those emotions or attitudes which can be said to have degrees of intensity, an expression of emotional intensity which is 'off-neutral'

- For the expression of dislike, degrees of intensity might be: *I kinda dislike it* (low); *I don't like that* (medium); *I hate that/that's disgusting/that's revolting* (high)
- For an expression of opinion, degrees of intensity might include: *It's not bad/it's OK* (low); *that's good/that's pretty good* (medium); *it's great/awesome* (high).

P: I ***hate*** *the way I smell after I've been smoking* (RD+3)

Vs.

P: I'd ***like*** *to get myself some of that nicotine gum (*RP+2)

I: A lot of people manage to quit smoking by using a patch or maybe nicotine gum. How would you feel about something like that?
P: Actually, that sounds like a ***great*** *idea* (RP+3)

Vs.

I: A ten then. So it's really important to cut down your drinking a little. How do you feel about whether you could actually make that kind of change?
P: Pretty good actually. (AD+2)

4. Excessive, consecutive repetitions of an assertion where the intent of such repetition can reasonably be assumed to drive the point home or to intensify the expression of an attitude or emotion.

I: And it seems like you don't want to keep drinking to the point where it could put you at risk.
P: No, no, no, no, no, no. (RD+3)

5. Vocal tics, vocal inflections, non-lexical utterances which are characteristically different from the participant's normal pattern of emotional or attitude expression and which can reasonably be assumed to modify the intensity of the attitude or emotion being expressed by the participant. This might include such things as:

- Upward inflections at the end of assertive utterances

I: So are there some things you might be willing to try to help yourself cut down a bit?
P: going to the bar less? (CP+1)

- Raised or softened tone of voice

I: Some people have found that meditation exercises help them to relax. Does that sound like something that could help you unwind instead of drinking?
P: [softened voice] Sure. (RP-1)

- Hesitation, inappropriate/nervous laughter, or non-lexical utterances which are not merely attempts to buy time to collect one's thoughts.

Note that any of the aforementioned criteria may be fulfilled with a therapist question or reflection, provided that the client adopts or affirms this in their response and the client's response is a confirmation of the therapist's question or assertion rather than a facilitative utterance.

*I: So for you, quitting drinking sounds like a **really** good idea*
P: Yeah, it does (RD+3).

*I: So asking your friends to support you in this – that sounds like it would be **humiliating** for you*
P: Humiliating, yeah (RP-3)

Parsing and Other Notes

Speech in the CLA-PD is divided into clinician and client speaking turns; these can be lengthy or very short.

Parsing Turns into Utterances. Speaking Turns are divided into utterances. Utterances are complete units of thought and are defined by the meaning attached to them. A speaking turn may have many different ideas, and therefore many utterances. Likewise, it may have only a single idea and therefore only one utterance. If a client's turn includes two statements, each of which can be assigned a different code, then *both* are parsed as utterances. This would include:

Two utterances that would be given different categories:

> I really have to stop drinking (RD+).
> but I don't know if I can (AD-)

Or two utterances that state different Reasons for or against change:

> I'd have a better chance of getting my children back if I quit drinking (RD+)
> and I'm sure I'd feel better, too (RD+),
> but I would miss going out with my friends (RD-)

or two utterances that speak to Proximal vs Distal change:

> I want to stop drinking (RD+)
> But I am not going to AA (CP-)

Even a single sentence might have two different ideas, both of which would be separate utterances.

> I could quit (AD+), but I don't want to (RD-).
> My drinking is not a problem (RD-), but I do need to drink less (RD+).
> I've heard AA works (OP+), but I hate all that god talk (RP-)
> I don't know if I can talk about my feelings (AP-), I know it will help (RP+),
> but I am scared (RP-)

Although longer speaking turns usually have more utterances, this is not always the case. It is possible for clients to speak at length about a single idea. There can be large blocks of text that contain a single idea of change talk. However, if there are 1 or 2 brief utterances of change talk imbedded in neutral content, these can be parsed out if the parser feels they will be missed otherwise. When in doubt, parsing should be kept as simple as possible; if you find yourself very unsure whether content is unique, then err on the side of simplicity.

Client responses to clinician questions. Clients may respond to clinician questions with language that fits within any of the change talk categories, and it should be coded as such. The fact that the clinician "set it up" with a particular sort of question or comment does not mean that the client's response is not change talk. Often in these cases, the therapist's words may be used to guide the assignment of the exact language code. Finally, even a one word answer to a question may qualify as a change talk code.

A note on parsing style. Remember the parsing is *pre-coding*. Parsers should therefore have in their minds: "if I see it, will another coder see it too?" The coder then asks: "what does the parser want me to see?", and in this case assigns that code or chooses another, including a neutral code. It will be the case that large blocks of text contain many nuanced things, and parsers should always air on the side of simplicity.

CLA Cheat Sheet for Distal Change Talk

Distal change is the major goal of the therapy. With respect to project MATCH, the major goal was to help client achieve abstinence from alcohol use. Whenever the change under discussion is drinking or abstinence, the change is therefore distal.

Reasons (**R**) - Rationale, basis or motivation for/against abstinence/drinking. This code may include Pros/Cons ('Drinking helps me loosen up after a hard day'); problem recognition/lack thereof (This includes minimization statements, such as 'I really don't drink as much as my friends do.'); negative/positive consequences ('If I quit, I won't be able to hang out with my friends.'); or needs and wants ('I don't want to be a drunk anymore.').

Ability (**A**) – Statements that reflect a client's belief in his/her ability to achieve or maintain abstinence and that may include 'can/could', 'able/not able to' or variants/opposites thereof. May include statements regarding specific ability (I can't resist the temptation to drink); idiomatic phrases that illustrate an ability (Piece of cake!); and perception of risk factors (My cravings were really strong this week).

Taking Steps (**TS**) – Statements that indicate or highlight specific, concrete steps the client has taken toward achieving or maintaining abstinence either since the last session or since the beginning of the current T_x episode. Note that the current T_x episode should also include the detox/28-day program in which the client participated immediately prior to entering the present therapy.

Commitment Language (**C**) – Language that specifies or implies a commitment or obligation towards achieving or maintaining abstinence, which may include statements such as "I will/wont" or variants thereof. This code may sometimes be applied if the coder has a strong sense of intention from the client, even when it is not specifically verbalized.

Other (**O**) – Generally reserved for language that captures an attitude or movement towards/away from distal goals that does not fit well into other categories, but that the coder feels represents change talk or counter change talk. Examples include hypothetical predictions or conditions for change, depersonalized general attitudes, historical reasons that represent problem recognition, reaction to statistics, and cognitive steps.

Follow/Neutral (**FN**) – This category is reserved for statements in which there is no indication of attitude or inclination towards or away from change. This is the default category and when a coder isn't sure about a statement, he/she should code it here. It may be helpful to look to the language of the client for indications of valence. If the coder cannot perceive any indication that a statement shows a clear direction with respect to change, it should be coded as follow/neutral.

CLA Cheat Sheet for Proximal Change Talk

Any language directly related to personal or treatment recommended goals that will facilitate the cessation of alcohol use is the Proximal TBC for the project. In other words, to become abstinent is a primary change and Proximal TBC are the steps toward that change. Note that proximal behavioral changes must be explicitly connected to the distal goal by the therapist, client, or session component topic (e.g., positive alternatives to alcohol use). The coder should therefore be aware of whether or not the current topic of discussion has been logically connected to the distal goal by either party and if not, a follow/neutral code should be assigned.

Reasons (**R**) - Rationale, basis or motivation for/against the proximal change. This code may include Pros/Cons ('AA helps me to be more social and friendly'); problem recognition/lack thereof ('My friends really don't drink that much.'); negative/positive consequences ('My wife will divorce me if I don't go to at least one meeting a week.'); or needs and wants ('I don't want to journal my feelings.').

Ability (**A**) – Statements that reflect a client's belief in his/her ability to engage in the proximal change and that may include 'can/could', 'able/not able to' or variants/opposites thereof. May include statements regarding specific ability ('I can't clean out my liquor cabinet'); or idiomatic phrases that illustrate an ability ('Piece of cake!').

Taking Steps (**TS**) – Statements that indicate concrete steps the client has taken toward achieving a proximal goal either since the last session or since the beginning of the current T_x episode. Note that the current T_x episode should also include the detox/28-day program in which the client participated immediately prior to entering the present therapy.

Commitment Language (**C**) – Language that specifies or implies a commitment or obligation towards a proximal goal, which may include statements such as "I will/wont" or variants thereof. This code may sometimes be applied if the coder has a strong sense of intention from the client, even when it is not specifically verbalized.

Other (**O**) – Generally reserved for language that captures an attitude or movement towards/away from proximal goals that does not fit well into other categories, but that the coder feels represents change talk or counter change talk. Examples include hypothetical predictions or conditions for change, depersonalized general attitudes, historical reasons that represent problem recognition, reaction to statistics, and cognitive steps.

Follow/Neutral (**FN**) – This category is reserved for statements in which there is no indication of attitude or inclination towards or away from change. This is the default category and when a coder isn't sure about a statement, he/she should code it here. It may be helpful to look to the language of the client for indications of valence. If the coder cannot perceive any indication that a statement shows a clear direction with respect to change, it should be coded as follow/neutral.